

# CASE REPORTS

## Spontaneous Regression of Orbital and Facial Hemangioma

WILLIAM A. YANCEY, M.D., *San Diego*

SPONTANEOUS REGRESSION of hemangioma is well documented by Kingery,<sup>1</sup> Margileth,<sup>2</sup> and Moss.<sup>3</sup> The purpose of this presentation is to report a case in which the phenomenon is shown with extraordinary clarity.

Kingery said that capillary hemangiomas will regress with no treatment, but those of the cavernous type usually persist and operation may be necessary.

In Margileth's experience, 76 percent of cutaneous hemangiomas had regressed within seven years.

Moss reported 28 hemangiomas in his series, seven being infants. In four cases regression occurred without any treatment.

In the case presented here, the patient, first seen at four months of age, had a hemangioma in the orbit, periorbit and nares (Figure 1). The lesion was so large that it caused proptosis, and the cornea was not covered sufficiently to prevent exposure keratitis.

Consultation with the various tumor boards resulted in the opinion that the eyelid should be taped shut during sleep to protect the cornea. It



Figure 1.—Hemangioma in orbit, periorbit and nares in four-months-old infant. Inset shows regression two years later, without treatment.

was decided simply to observe the patient to determine whether the hemangioma became worse or better.

The child was seen two years later in Baja California, while the author was on a trip with the Flying Samaritans. The hemangioma regressed (without any treatment) to such an extent that the globe had receded into the orbit and the lids functioned sufficiently well to protect the cornea (see inset, Figure 1). Also, the child appeared to have fusion and good extraocular muscle function in all fields of gaze.

This case might serve to illustrate to apprehensive parents the rewards of patiently awaiting spontaneous regression of an hemangioma in a child.

### REFERENCES

1. Kingery, Frederick: Involuting hemangioma, *JAMA*, 194:187, 11 Oct. 1965.
2. Margileth, A.: Cutaneous hemangioma in children, *JAMA*, 194:523-6, 1 Nov. 1965.
3. Moss, Hugh: Expanding lesions of the orbit, *Amer. J. Ophthalm.*, 54:763, Nov. 1962.

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Reprint requests to: 2290 Sixth Avenue at Juniper, San Diego 92101.